

# EXHIBIT O

SCI Sussex Correctional Institution  
 PO Box 500  
 GEORGETOWN DE, 19947  
 Phone No. 302-856-5280

Date: 03/01/2006

**GRIEVANCE REPORT****OFFENDER GRIEVANCE INFORMATION**

Offender Name : COLLINS, CURTIS M	SBI# : 00314128	Institution : SCI
Grievance # : 16024	Grievance Date : 08/06/2005	Category : Individual
Status : Non Grievable	Resolution Status :	Resol. Date :
Grievance Type: Use of Force	Incident Date : 08/06/2005	Incident Time : 05:30
IGC : Atallian, Michael J	Housing Location : Bldg 17, Lower, Tier D, Cell 2, Single	

**OFFENDER GRIEVANCE DETAILS**

**Description of Complaint:** Inmate states that he was told to shut the fuck up or dump his tray at breakfast, says the he dumped his tray and told the officer that he did not need to speak to him like that, says the officer charged him and threw a punch at him, and then he was thrown to the floor by by 3 officer and kicked and punched, then capstunned and taken to the holding cell, says the nurse looked at him and he was refused medical attention and told by the nurse to stop crying like a bitch.

**Remedy Requested** : I would like for all the officers involved to be reprimanded as well as Sgt., Chandler cause he watched it go down.

**INDIVIDUALS INVOLVED**

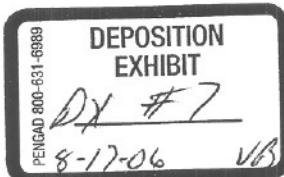
Type	SBI #	Name
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**ADDITIONAL GRIEVANCE INFORMATION**

Medical Grievance : NO	Date Received by Medical Unit :
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Investigation Sent :	Investigation Sent To :
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Grievance Amount :
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## INFORMAL RESOLUTION

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### INFORMAL RESOLUTION

Offender's Signature: \_\_\_\_\_

Date : \_\_\_\_\_

Witness (Officer) : \_\_\_\_\_

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**GRIEVANCE INFORMATION - IGC****OFFENDER GRIEVANCE INFORMATION**

<b>Offender Name :</b> COLLINS, CURTIS M	<b>SBI#</b> : 00314128	<b>Institution</b> : SCI
<b>Grievance #</b> : 16024	<b>Grievance Date</b> : 08/06/2005	<b>Category</b> : Individual
<b>Status</b> : Non Grievable	<b>Resolution Status</b> :	<b>Inmate Status</b> :
<b>Grievance Type:</b> Use of Force	<b>Incident Date</b> : 08/06/2005	<b>Incident Time</b> : 05:30
<b>IGC</b> : Atallian, Michael J	<b>Housing Location</b> : Bldg 17, Lower, Tier D, Cell 2, Single	

**IGC**

**Medical Provider:** \_\_\_\_\_ **Date Assigned** \_\_\_\_\_

**Comments:**

There is no mechanism in 4.4 for the disciplining of staff.

<input type="checkbox"/> Forward to MGC	<input checked="" type="checkbox"/> Warden Notified
<input checked="" type="checkbox"/> Forward to RGC	Date Forwarded to RGC/MGC : 08/08/2005
<input checked="" type="checkbox"/> Offender Signature Captured	Date Offender Signed : _____